OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative dogs Fee and Fee and Fee and Fee submitted as required in section 3709.092 of the Revised Code.

Name of Health District: Meigs County

Ohio Department of Health State Fee

with www.committees.committees.committees.committees.committees.committees.committees.committees.committees.com									
Number	Amount	Туре							
/	x \$ 74.00	New Installation Permits							
	1	Alteration Permits							
		Sealing Permits							
	s 74.00	Total ODH State Fee amount accompanying this report							

Ohio Department of Natural Resources State Fee

Number	Total Amt Collected	LHD Retained	Submitted ODNR Amt	Туре
1	x \$ 20.00	x \$2.00	x \$ 18.00	New Installation Permits requiring a well log
		\$ 2.00		Total ODNR State Fee amount accompanying this report

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From:

Date To: 9/30/15

State Of Ohio

GENERAL RECEIPT

OHIO DEPARTMENT OF HEALTH

ENVIRNM, HLTH & RAD

Receipt #: 00612470

Batch #: 16-3213

Received For: MEIGS COUNTY HEALTH DISTRICT

Date Received: 12/3/2015

From: MEIGS COUNTY AUDITOR

Amount: \$74.00

Check #: 16921

For: PRIVATE WATER SYSTEMS

Received By: Debl Santarelli

دمک

**if state fees are not collected or permits are not issued during the above referenced quarterly time periods transmittals and reports must still be submitted by the above referenced submittal date.

HEA 5435 (REV 06/2011) Ohio Department of Health

2140

OHIO DEPARTMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

Source Code 1. Well 2. Spring										589	Number 1	Steve Swatzel	Contact Person		Name of Health District
3. Pond 4. Cistern								ر: ت:		Ez. 6 Personal Privsey IPP	System Owner (first and last name)	watel	12	No.	District
rn 5. Hauled Water Storage Tank			***************************************				.a.u.a					****		MEIGS COUNTY	***************************************
									٠		System Address te street number, street na city, zip)	716 444 4281	Phone #	4	***************************************
 Combination of systems including a well 										Convenient (Transport)	System Address (Include street number, street name, direction, city, zip)	14281			***************************************
induding a w		onnocentario de la constanta d	***************************************	***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•	0000000000000000000000000000000000000	onneccoccoccocco		<u> </u>	07/01	Date From		Permits Issued
(C)	•••••	······	>00000000000000000000000000000000000000	00000000000000000000000000000000000000		••••••					Source Pa	07/01/2015	Ħ		ssued
				***************************************			***************************************		*************************************		Type Type	***************************************		% .	m
TOT										Smiths Well Dillings	Private Water Systems Contractor Name			2015	Permit Year
TOTALS:								-			ystems lame	136	Date To	W	-
2 7/2 E	€9	€9	₹ ₽	(/)	49	4.0	€9	49	€9	74.00	\$74.00H	9/30/2015	10	327	Quarter
\$ 18.00	₩	₩		₩	€9	4 9	49	₹/3	<i>€</i> /2	\$	ODNR \$18.00)	-9		1000 000000000000000000000000000000000	

HEA 5436 (REV 06/2011) Onio Department of Health

N - New Construction Permit Type

A - Alteration

S - Sealing

2nd Quarter: Apr 1 - Jun 30 1st Quarter: Jan 1 - Mar 31

3rd Quarter: Jul 1 - Sep 30
4th Quarter: Oct 1 - Dec 31

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(only add totals to last page)

Well 2. Spring 3. Pond 4. Cistern 5. Hauted Water Storage Tank 6. Combination of systems including a well
 Combination of systems not including a well 8. Conversion of a well not previously approved as a PWS into a PWS 9. Test Well